

DAPHNE BRADWELL / HCV PROGRAM

MARIETTA POLICE DEPARTMENT CRIMINAL HISTORY REQUEST CONSENT FORM

I hereby authorize CITY OF MARIETTA HCV Program to receive any criminal history information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Full Name: (Print) _____

Last First Middle Maiden

SSN # _____ Race _____

Date of Birth _____ Sex _____

Birthplace _____ Height _____ Weight _____

Eye Color _____ Hair Color _____

Address _____

(Please provide complete address)

City _____ State _____ Zip Code _____

Additional Names: _____

Signature _____

DO NOT WRITE BELOW.....POLICE USE ONLY

See Attached _____ (OR) No Record Found _____
Check Mark Date

Employee Signature _____

ATTENTION: Housing Assistance Officer – I have reviewed the attached Criminal Background Check ☐ and RentFacts ☐ and have shredded the document(s) that were attached. _____

Signature

Date